

Appendix I – CAREGIVER PROGRAM FORMS

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The following forms are necessary for the administration of the Wisconsin Caregiver Program:

<b><u>NAME</u></b>	<b><u>NUMBER</u></b>
• Background Information Disclosure	HFS-64
• Background Information Disclosure Appendix	HFS-69
• Wisconsin Criminal History Single Name Record Request	DJ-LE-250
• Wisconsin Criminal History Multiple Name Record Request	DJ-LE-250A
• Finger Print Record Return Request	DJ-LE-250B
• Wisconsin Criminal History Customer Account Application	DJ-LE-251
• Rehabilitation Review Application	EXS-263
• Incident Report of Caregiver Misconduct and Injuries of Unknown Source	DSL-2447
• Witness Statement	DSL-2448
• Wisconsin Nurse Aide Directory and Caregiver Program brochure	PSL-3141
• Misconduct Reporting Requirements for Entities Regulated by the Bureau of Quality Assurance in Wisconsin's Caregiver Program brochure	PSL-3158
• Background Checks for Entities Regulated by the Bureau of Quality Assurance in Wisconsin's Caregiver Program brochure	PSL-3159
• Rehabilitation Review Process of Wisconsin's Caregiver Program brochure	PSL-3160
• Order form – <u>The Wisconsin Caregiver Program: A Blueprint for Quality Care</u>	

Wisconsin Caregiver Program forms may also be accessed through the Department's web site at [www.dhfs.state.wi.us](http://www.dhfs.state.wi.us) by clicking on the "Licensing" button, selecting "Caregiver Program (including background checks)."